



COMPLETE ALL INFORMATION ON THIS PAGE PRIOR TO CIRCULATION

(Petition filing deadline – before 4 p.m. of the 57th day before the primary election) (N.J.S.A. 19:24-4)

Total Number of Signatures on this Petition	
Total Number of Signatures on all Petitions	

STATE OF NEW JERSEY
PRIMARY ELECTION
PETITION FOR DELEGATES AT LARGE
AND
ALTERNATE DELEGATES AT LARGE
TO THE REPUBLICAN NATIONAL CONVENTION
100 Signatures Required

(N.J.S.A. 19:24-4)

To The Honorable Attorney G	eneral:
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(N.J.S.A. 19:24-4)

Each signer of this petition certifies that the following statements are true:

- 1) I reside in the State of New Jersey;
- 2) I am a qualified voter of the State of New Jersey;
- 3) I am a member of the _____party;
- 4) I intend to affiliate with the said party at the ensuing election;
- 5) I endorse the person(s) herein mentioned as candidate(s) for the above stated Delegate/Alternate At-Large position(s) to the National Convention;
- 6) I request that you print upon the official primary ballots of said party the name(s) of said person(s) as a candidate for such position. (N.J.S.A.19:23-7; N.J.S.A. 19:24-3; N.J.S.A.19:24-4; N.J.S.A.19:24-5)

CANDIDATES' REQUEST FOR DESIGNATION OR SLOGAN ON THE OFFICIAL PRIMARY BALLOT

The candidates herein having been endorsed for the office mentioned in this petition, do hereby request that there be printed opposite the names of the candidates on the said primary ballot the following slogan:

(Please Print or Type)	
(The designation or slogan must not exceed six words.) (N.J.S.A. 19:23-17)	

NOTE: No such designation or slogan shall include or refer to the name of any person or any incorporated association of this State unless the written consent of such person or incorporated association of this State or their authorized representative is filed with this petition of nomination.

CHOICE FOR PRESIDENT

(N.J.S.A. 19:24-5) (OPTIONAL)

Please place the name of the candidate for President whom we favor, opposite our individual names or opposite our group of names. The candidate has signed his/her permission below allowing the use of his/her name.

I consent to the use of my name to be shown opposite the names or groups of names of the delegates-at-large and alternate delagates-at-large

Signature of Choice for President	

Signature of Choice for President is REQUIRED if this option is exercised.

COMMITTEE ON VACANCIES

(The Committee on Vacancies may only fill a vacancy up to 48 days before the Primary Election) (N.J.S.A.19:23-12)

This committee shall have power in case of resignation or otherwise of the person endorsed as a candidate in said petition to fill such a vacancy by filing with the Attorney General, a certificate of nomination to fill the vacancy.

Note: It is not mandatory	to have a "Committee on Vacancies".		
The names and post office follows:	addresses of the three members named as	a committee on vacand	cies are as
Name(s)	Number, Street or Avenue	City	Zip Code
	(Please Print of Type)		
	(Please Print of Type)		
	(Please Print of Type)		

THIS PAGE FOR LISTING OF REPUBLICAN DELEGATES-AT-LARGE ONLY

List candidates in the order in which they are to appear on the ballot. Names must appear the same on all petitions to be filed. **Please print or type on lines below.**

Name of Delegate-At-Large	Address	City	Zip Code
1.			
	(Place of Residence)		
	(Post Office Address)		
2.	(Diago of Davidson)		
	(Place of Residence)		
	(Post Office Address)		
3.	_		
	(Place of Residence)		
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	(Post Office Address)		
5.	(Discost Decides)		
	(Place of Residence)		
	(Post Office Address)		
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Name of Delegate-At-Large	Address	City	Zip Code
6.	(Place of Residence)		
	(Post Office Address)	-	
7.	- (0)	-	
	(Place of Residence)		
	(Post Office Address)		
8.			
	(Place of Residence)		
	(Post Office Address)		
9.	(Place of Residence)		
	(Post Office Address)	-	
10.		_	
	(Place of Residence)		
	(Post Office Address)	-	

THIS PAGE FOR LISTING OF REPUBLICAN ALTERNATE DELEGATES-AT-LARGE ONLY

List candidates in the order in which they are to appear on the ballot. Names must appear the same on all petitions to be filed. **Please print or type on lines below.**

Name of Alternate			
Delegate-At-Large	Address	City	Zip Code
1.			
	(Place of Residence)		
	(Post Office Address)		
2.	(Place of Residence)		
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	(Post Office Address)		
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List candidates in the order in which they are to appear on the ballot. Names must appear the same on all petitions to be filed. **Please print or type on lines below.**

Name of Alternate			
Delegate-At-Large	Address	City	Zip Code
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	(Place of Residence)		
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Signature	Print Name
Residence Address(Number and Street)	(City)

AFFIDAVIT OF PERSON WHO CIRCULATES THIS PETITION AND WITNESSES SIGNATURES

The witness taking the affidavit below must be the person who obtained the names on this set of signatures or several sets of signatures. The witness must sign an affidavit in the presence of a person authorized to administer affidavits (e.g., notary public), and sign one signature sheet endorsing the candidate.

State of New Jersey	:			
	: ss.			
County of	:			
I,(Print Name o	of Circulator/Witness)	, being d	uly sworn, upon my oath say that	I am one of the
each of such signers is, to the be	est of my knowledge tion and that such p	e and belief, a le petition is prepare	signers thereof in his/her own progal voter of the State of New Jersed and filed in absolute good faitled omination or selection.	sey, and belongs to the
Sworn and subscribed to before	me at			
		, N.J., _		
			(Signature of Circulato	r/Witness)
this(Day)		day of	(Street Address of Circula	ator/Witness)
	, 20_		(Officer / Mariess of Official	acon vviiness)
(Month)	, 20_	(Year)	(City or Town)	(Zip Code)

(This petition for Delegates-At-Large and Alternate Delegate-At-Large must contain 100 signatures and although the signature sheets are solicited separately, the entire petition must be bound together before submitting to the Attorney General.)

OATH OF ALLEGIANCE

State of New Jersey SS. County of _____: ______, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey; that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State, under the authority of the people. So help me God. Signature of Delegate Sworn and subscribed to before me at , N.J., this_____ ____day of (Day) (Month) CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY DELEGATE (N.J.S.A. 19:23-15) I, the undersigned, hereby certify that I accept the nomination herein and that I am a resident of and a legal voter in the jurisdiction of the office for which the nomination is being made. (Signature of Delegate) (Printed or Typewritten Name of Delegate) (Residence Address)

Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance

(City or Town)

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State of New Jersey SS. County of _____: _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey; that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State, under the authority of the people. So help me God. Signature of Delegate Sworn and subscribed to before me at , N.J., this___ ____day of (Day) _, 20 _______(Year) (Month) CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY DELEGATE (N.J.S.A. 19:23-15) I, the undersigned, hereby certify that I accept the nomination herein and that I am a resident of and a legal voter in the jurisdiction of the office for which the nomination is being made. (Signature of Delegate) (Printed or Typewritten Name of Delegate) (Residence Address)

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